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derlier's work, is admirably thorough and scientific, and his recognition of biological laws is most important. No one has contributed more ably than this author to the progress of vital statistics during the last few years.

C.-E. A. WINSLOW.

STATISTICS OF DISEASES.

Statistics of Typhoid Epidemics.

Dr. Schüder, of Koch's laboratory at Berlin, attempts a statistical estimate of the relative importance of various vehicles of typhoid infection in a paper, "Zur Aetiologie des Typhus," in the *Zeitschrift für Hygiene und Infectionskrankheiten*, vol. xxxviii, p. 343. He has collected reports of epidemics of various size, and by including 12 single cases where personal contagion was excluded, brings up his total to 650. Of these, 377 were in Germany, 140 in England, 66 in France, and 25 in America. Tabulating the epidemics by assigned causes, it appears that 70.8 per cent were supposed to be due to water supply, 17.0 per cent to milk supply, and 3.5 per cent to other foods. The value of such a massing of incongruous statistics in which large and small epidemics are given equal weight, may fairly be doubted. It is also quite impossible to apply laws derived from the study of epidemics to the distribution of a disease as a whole. Besides sharp epidemic outbreaks arising from the transmission of infection to a large number of people at the same time by the same medium, typhoid fever is propagated more insidiously, in a fashion for which the reviewer has elsewhere suggested the term "prosodemic," passing from person to person by different routes of infection. Obviously water supply furnishes an exceptional opportunity for the first mode of infection, and will be of much less importance in the second.

Diphtheria Statistics.

Some valuable diphtheria statistics, "Diphtherie–statistik des Stadtkrankenhauses zu Dresden 1849–1898," are published by Dr. F. Förster as a *Sonderabdruck aus der Festschrift zum fünfzigjährigen Bestehen des Stadtkrankenhauses zu Dresden.* The table of monthly distribution of cases exhibits the usual relations, as shown by the following summary :

CASES OF DIPHTHERIA ADMITTED TO THE DRESDEN CITY HOSPITAL, 1849-98.

January	210	July	124
February	143	August	89
March	157	September	171
April	133	October	169
May	143	November	194
June	127	December	177

During the period 1849–94 there were 1403 cases of diphtheria with 316 deaths, a fatality rate of 22.5 per cent. The first injection of anti-toxin was on September 5, 1894 ; and in the four years, 1895–98, there have been 434 cases and 35 deaths, a rate of 8.1 per cent. It would be perhaps fair to compare the rate for 1895–98 with that for the corresponding period immediately preceding. It appears from Dr. Förster's table that there were 336 cases and 115 deaths in the four years, 1891–94, giving a rate of 34.2 per cent, which makes the results of the anti-toxin treatment still more striking.

Trichinosis in Germany.

Bulletin No. 30 of the Bureau of Animal Industry, U. S. Department of Agriculture, is entitled "Trichinosis in Germany," and includes a very elaborate analysis of the German statistics of this disease. The principal part of the report by Dr. C. W. Stiles is devoted to a detailed review of individual cases on record during the period 1881–98. The first fact brought out is a steady decrease in the prevalence of trichinosis, due to the education of the public and the official inspection of pork products ; and not at all connected with the importation or non-importation of American meat. The following compiled table shows the main facts : —

Period.	American Pork.	Cases of Trichinosis.	Deaths.	Cases per Annum.
1881-82	Admitted.	1,193	17	596
1883-91	Excluded.	4,093	274	455
1892-98	Admitted.	1,043	27	149

The second point emphasized is that of the 6329 cases recorded between 1881 and 1898, 3388 were traced to pork, which had passed the usual microscopic inspection, and in only 874 cases was it definitely shown that uninspected meat was the cause. Thus it appears that even the elaborate German system furnishes no absolute safeguard against trichinosis.

Vaccination Statistics.

In the discussion of a paper, by Dr. J. F. J. Sykes, on "Small-pox in London," published in *Public Health* for January, 1902, is a table of vaccination statistics furnished by Dr. W. A. Bond, which is worth citing. It furnishes a comparison of the fatality among the vaccinated and unvaccinated in certain large English towns, and, assuming that it is correctly compiled, furnishes valuable evidence of the protective effect of vaccination. It is free from the error introduced by a too strict interpretation of what constitutes a successful vaccination, as it is stated that the "vaccinated include all cases that had *any* evidence of vaccination." In the second place the age limit is a useful one, as it makes it unnecessary to consider the lapse of time since vaccination was effected. In the subjoined table the figures for the smaller towns given by Dr. Bond are omitted: —

SMALL-POX IN PERSONS UNDER TEN YEARS OF AGE.

Town.	Period.	Vaccinated.			Unvaccinated.		
		Cases.	Deaths.	Rate.	Cases.	Deaths.	Rate.
London	1891-1900	125	0	0.0	672	153	22.8
Sheffield	1887-88	353	6	1.7	228	100	43.9
Dewsbury Union . .	1891-92	44	1	2.2	174	56	32.1
Warrington	1892-93	33	2	6.0	32	12	37.5
Gloucester	1892-93	26	1	3.8	680	279	41.0
Manchester	1892-93	11	0	0.0	36	7	19.4
Bradford	1893	17	0	0.0	57	23	40.3

Prevalence of Phthisis.

Dr. W. H. Symons discusses "The Distribution of Phthisis," in *Public Health*, for March, 1902, and suggests several interesting questions. He first tabulates the mortality in England by counties for the periods 1861–70 and 1892–99, showing widely variable rates, with a pretty constant decrease, when the two periods are compared. Thus the highest rates in the second period are in London, 177 per 100,000 population, a decrease of 62.3 per cent; Northumberland, 172 per 100,000, a decrease of 69.1 per cent; and Lancashire, 149, a decrease of 53.1 per cent. The lowest rates are in Rutland, 78 per 100,000, a decrease of 41.3 per cent; Westmoreland, 89 per 100,000, a decrease of 36.4 per cent; and Monmouthshire, 99 per 100,000, a decrease of 47.6. The relation between the sexes in the various counties varies markedly. For England and Wales the male rate in 1895–99 was 153 per 100,000, and the female rate, 115; in London the male rate was 225 and the female rate 132; and for Warwickshire the figures were 172 and 99. On the other hand, in Lincolnshire, Cumberland, Dorset, Monmouthshire, and South Wales the female death rate exceeded that recorded for males. Finally, Dr. Symons gives some statistics of the house-to-house distribution of tuberculosis in the city of Bath, showing the greater incidence in certain houses, to be expected from the infectious character of the disease.

C.-E. A. WINSLOW.

RECENT SANITARY REPORTS.

Common Fallacies in Municipal Statistics.

The *Twenty-fourth Annual Report of the Health Commissioner of the city of St. Louis*, for the year ending March 31, 1901, is a bulky document containing considerable statistical material. Although the total number of deaths in 1900 was 175 less than in 1899, the death rate calculated on the census population of 575,200 was 17.1, against 15.4 in 1899, calculated on an estimated population of 647,000. It is stated in a foot-note that "The figures of population given above appear in a number of instances — except those for the United States census years — to be little more than guess work, and the mortality percentage based upon them open to question." This is true for many other cities whose officials are less frank than those of St. Louis. The Commissioner brings out one important point in connection with tuberculosis, as follows: "It is well known that a large proportion of the poor of our city carry a small life insurance policy, generally just enough to provide for funeral expenses. If tuberculosis be ascribed as the cause of death, the policies in many of these companies